

PART B - FEE(S) TRANSMITTAL



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09/22/2005

Dickstein Shapiro Morin & Oshinsky 1177 Avenue of the Americas 41st Floor New York, NY 10036-2714

12/19/2005 SZEWDIE2 00000077 10089312

01 FC:1501 02 FC:8001 1400.00 OP 30.00 DP



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1	APPLICATION NO.	N NO. FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
,	10/089,312	03/29/2002	Gregory Gregoriadis	G0365.0355/P355	7293		

TITLE OF INVENTION: LIPOSOME-ENTRAPPED DNA ORAL VACCINES

APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE PUBLICATION FEE		TOTAL FEE(S) DUE	DATE DUE			
nonprovisional	NO	\$1400	00 \$0		\$1400	12/22/2005			
EXA	MINER	ART UNI	Т	CLASS-SUBCLASS					
EPPS FOR	D, JANET L	1633		435-458000					
CFR 1.363). Change of correspon Address form PTO/SB/1 "Fee Address" indict PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI	ation (or "Fee Address" Indic or more recent) attached. Us D RESIDENCE DATA TO E	Correspondence ation form e of a Customer SE PRINTED ON T	(1) the na or agents (2) the na registered 2 registered listed, no	pear on the patent. If an assign	member a es of up to no name is 2	HAPIRO, MORIN & OSHINSKY, Li			
(A) NAME OF ASSIGN Lipox Please check the appropriat	en Techni	ologies	Lin	CE: (CITY and STATE OR COL COLOR COLOR COL	United	Kingdom			
4a. The following fee(s) are			Payment of						
Lesue Fee			A check in the amount of the fee(s) is enclosed.						
Publication Fee (No	Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # c	of Copies /O		The Dir Deposit Acc	ector is hereby authorized by clount Number	narge the required fee(s), or (enclose an extra	r credit any overpayment, to copy of this form).			
The Director of the USPTO NOTE: The Issue Fee and	s (from status indicated above SMALL ENTITY status. See) is requested to apply the Iss Publication Fee (if required) cords of the United States Pat	e) 37 CFR 1.27. ue Fee and Publicati will not be accepted	b. Appli	cant is no longer claiming SMAI ny) or to re-apply any previously e other than the applicant; a regi	LL ENTITY status. See 37 (CFR 1.27(g)(2).			
Authorized Signature Typed or printed name	Edward	A. Meil	man	Date	December No. 24,7	18,205 135			

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Fees pursuant to					espond to a collecti		nplete if Know		JU1101
1 ——-	Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Nu	10/089,312-Cd			
FEE TRANSMITTAL				Filing Date		March 29, 2002			
	For FY 2005				First Named Inventor Gregory Greg			oriadis	
101112003							D. T. Nguyen	n	
Applicar	t claims small entity status. See 37 CFR 1.27			7	Art Unit 1632				
TOTAL AMOUNT OF PAYMENT (\$) 1,430.00				00	Attorney Docket No. G0365.0355				
METHOD OF	PAYMENT	(check all t	hat apply)					•	
Check	x Credit Car	d N	Ioney Order	Non	e Other	(please iden	tify):		
Deposit Ac	count Deposit	Account Numb	er: 50-2215 (Deposit Acco	unt Name: D	ickstein S	Shapiro Morin 8	Oshinsky	LL
For the	above-identific	ed deposit a	account, the D	irector is			ck all that apply)		
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1. BASIC FILIN	G, SEARCH,		G FEES		RCH FEES	FXAMII	NATION FEES		
			Small Entity	_	Small Entity		Small Entity		
Application T	<u>/pe</u>	Fee (\$)	Fee (\$)	Fee (\$)		Fee (\$)	Fee (\$)	Fees P	<u>aid</u>
Utility		300 200	150 100	500 100	250 50	200 130	100		
Design Plant		200	100	300	150	160	65 80		
Reissue		300	150	500	250	600	300		
Provisional		200	100	300	0	000	0		
2. EXCESS CL	AIM EEES	200	100	U	U	U	U		Sma
Fee Description								Fee (\$)	<u> </u>
Each claim ove		g Reissues))					50	
Each independe	nt claim over	3 (includin	g Reissues)					200	
Multiple depen	dent claims							360	
Total Claims	Extra Cl	aims F	ee (\$)	Fee P	aid (\$)	<u>M</u>	ultiple Depende	ent Claims	
19	- 20 =	×	= _			<u>F</u>	ee (\$)	Fee Paid (\$)
Indep. Claims	Extra Cl	aims F	ee (\$)	5 B					_
				Fee P	aid (\$)				

December 16, 2005

Date

Name (Print/Type) Edward A. Meilman